

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 MAR 18 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000059862

1. Limited Liability Company's Name

Conve AVS-Vega Mesa, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>10691 N Kendall Drive</u>		3. Mailing Office Address <u>10691 N Kendall Drive</u>	
Suite, Apt. #, etc. <u>#1 304</u>		Suite, Apt. #, etc. <u>#1 304</u>	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33176</u>	Country <u>USA</u>	Zip <u>33176</u>	Country <u>USA</u>

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6/18/2008

6. FEI Number

26-2977225

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Nicole Ramirez  
Street Address (P.O. Box Number is Not Acceptable)  
10691 N Kendall Drive  
Suite, Apt. #, Etc.  
#1 304  
City Miami State FL Zip Code 33176

700257962217  
03/18/14--01013--001 \*\*238.75.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/17/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
HGRM	Jose R VEGA	8370 W Flamingo Street # 206	Miami, FL, 33144
HGRM	Jorge L Alesca	8370 W Flamingo Street # 206	Miami, FL 33144
HGRM	Alberto Gonzalez	10691 N Kendall Drive # 304	Miami, FL 33176
HGRM	Heinz Alejozols	10691 N Kendall Drive # 304	Miami, FL 33176

11. E-mail Address: mgonzalez@conveavs.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 3/15/14

Daytime Phone # 305-412-9828

Typed or printed name of signing Authorized Representative/Manager Alberto Gonzalez

K. ASHTON